## PART B - FEE(S) TRANSMITTAL

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	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for a 26574 7590 03/14/2005 SCHIFF HARDIN, LLP		MAY 2 6 2005		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	PATENT DEPAR 6600 SEARS TOW CHICAGO, IL 606	THE STATE OF THE S			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  Stavon H Moll (Depositor's name)				
05/2	7/2005 GWORDOF2 00000	_			Steven H	NOIL A	- <i>01</i> )		
01 F 02 F	C:1501 C:1504	1400.00 DP 300.00 DP				May 24,	2005	(Signature) (Date)	
	APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/993,156	11/19/2001	Anders		3jorling		P01,0261	8752	
	FITLE OF INVENTION: CARDIAC STIMULATING DEVICE WITH MORPHOLOGY SENSITIVE DETECTION AND METHOD, FOR AUTOMATICALLY CREATING A MORPHOLOGY TEMPLATE								
	APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISS		EE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional NO		\$1400			\$300	\$1700 06/14/2005		
	EXAM	EXAMINER		T	CI	ASS-SUBCLASS	]		
	JASTRZAB, JEFFREY R		3762		600-517000		•		
	1. Change of correspondence address or indication of "Fo		ee Address" (37	2. For pri	nting on	the patent front page, li	st .		
	CFR 1.363).  Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Ą	☐ "Fee Address" indicat	Tree Address" indication (or "Fee Address" Indicate TO/SB/47; Rev 03-02 or more recent) attached. Use			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								document has been filed for	
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
St. Jude Medical AB Jarfalla, Sweden									
Please check the appropriate assignee category or categories (will not be printed on the patent):								oup entity Government	
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5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.									
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	Authorized Signature Steven Will Date May 24, 2005								
	Typed or printed name Steven H. Noll			Registration No. 28,982					

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